

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212526629</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>PSS World Medical, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL REGISTERED AGENTS INC.</b>  <b>4701 COX ROAD</b>  <b>SUITE 301</b></p> <p><b>GLEN ALLEN, VA 23060-6802</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>8/31/2012</b></p> <p>SCC ID NO: <b>F1073842</b></p> </div> </div>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>FL</b></p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>150,000,000</td> </tr> <tr> <td>PREFER</td> <td>1,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	150,000,000	PREFER	1,000,000
CLASS	AUTHORIZED							
COMMON	150,000,000							
PREFER	1,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4345 SOUTHPOINT BLVD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: JACKSONVILLE, FL 32216</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY CORLESS  TITLE: PRESIDENT,CEO  ADDRESS: 4345 SOUTHPOINT BLVD  CITY/ST/ZIP/CO: JACKSONVILLE, FL 32216 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GARY CORLESS TITLE: PRESIDENT,CEO ADDRESS: 4345 SOUTHPOINT BLVD CITY/ST/ZIP/CO: JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES ADAIR DIRECTOR 4345 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALVIN CARPENTER DIRECTOR 4345 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY CROWE DIRECTOR 4345 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN HALVERSON DIRECTOR 4345 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEL HECTMAN DIRECTOR 4345 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN ROGERS DIRECTOR 4345 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. HUGH GREEN DIRECTOR 4345 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID D KLARNER		DAVID D KLARNER, VP/T	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			